

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NATIONAL INSTITUTES OF HEALTH

# REQUEST FOR RECRUITMENT/RELOCATION BONUS AND RETENTION ALLOWANCE

TO BE APPROVED BY THE AUTHORIZED MANAGEMENT OFFICIAL  
TO BE USED IN CONJUNCTION WITH PHS INSTRUCTION 575-1

<b>1) ACTION REQUESTED</b> (JUSTIFICATION MUST BE ATTACHED)			
TYPE OF BONUS OR ALLOWANCE:		<input type="checkbox"/> RECRUITMENT	<input type="checkbox"/> RELOCATION
		<input type="checkbox"/> RETENTION	

<b>2) EMPLOYEE INFORMATION</b>			
NAME (PRINT OR TYPE)		SOCIAL SECURITY NUMBER	
TITLE	PP - SERIES - GRADE - STEP	ANNUAL BASE SALARY	
	- - -	\$	
ORGANIZATION	LOCATION	POSITION NUMBER	
FOR RETENTION ALLOWANCES ONLY		EMPLOYEE HAS SERVED AS AN HHS EMPLOYEE SINCE: _____ MINIMUM OF 1 YEAR REQUIRED	
TYPE OF APPOINTMENT		OFFICIAL TOUR OF DUTY	
<input type="checkbox"/> PERMANENT		<input type="checkbox"/> FULL TIME	
<input type="checkbox"/> TERM ► YEARS:		<input type="checkbox"/> PART TIME ► HOURS:	
RECRUITMENT ONLY 2 YEAR MINIMUM		(IF PART TIME, REGULARLY SCHEDULED HOURS PER PAY PERIOD)	

<b>3) AMOUNT OF BONUS/ALLOWANCE TO BE PAID</b> (JUSTIFICATION MUST BE ATTACHED)			
BONUS/ALLOWANCE MUST BE PRORATED IF PART-TIME (NUMBER OR PART TIME HOURS DIVIDED BY 80 MULTIPLIED BY BONUS ALLOWANCE)			
RECRUITMENT BONUS:	%	=	\$
RELOCATION BONUS	%	=	\$
RETENTION BONUS:	%	=	\$
TOTAL BONUS:	%	=	\$
		TOTAL BASE	\$
		+ OTHER CONTINUING PAY	\$
		+ BONUS ALLOWANCE	\$
		= TOTAL SALARY	\$
TOTAL PAY CANNOT EXCEED EX-1			
FOR RECRUITMENT BONUS ONLY		WILL ABOVE-THE-MINIMUM RATE ALSO BE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>4) EFFECTIVE DATE</b>	
THIS AGREEMENT IS EFFECTIVE ON	AND EXPIRES ON

<b>5) REVIEWS AND APPROVALS</b>	
RECOMMENDING OFFICIAL (PRINT NAME AND TITLE)	SIGNATURE
	DATE
APPROVING OFFICIAL (PRINT NAME AND TITLE)	SIGNATURE
	DATE
FINANCIAL OFFICIAL (PRINT NAME AND TITLE)	SIGNATURE
	<input type="checkbox"/> FUNDS AVAILABLE
	DATE
I CERTIFY THAT THE INFORMATION ENTERED ON THIS FORM IS ACCURATE AND THAT THE PROPOSED BONUS/ALLOWANCE IS IN COMPLIANCE WITH MANDATORY AND REGULATORY REQUIREMENTS.	
HUMAN RESOURCES OFFICIAL (PRINT NAME AND TITLE)	SIGNATURE
	DATE

**PRIVACY ACT NOTIFICATION STATEMENT**  
**RECRUITMENT/RELOCATION BONUS AND RETENTION ALLOWANCE**

FORM PHS - 6340

**GENERAL**

This information is provided pursuant to the Privacy Act of 1974 (P.L. 93-597).

**AUTHORITY FOR COLLECTION OF INFORMATION**

P.L. 95-603, Executive Order 9379.

**PURPOSE AND USES**

The principal purpose for collecting the information requested on the above mentioned form is to establish the terms under which an individual receives an allowance under the Federal Employees Pay Comparability of 1990 (5 U.S.C. 5753). The information collected will be used as a basis for payroll actions. Accordingly, disclosure of identifiable information, including your Social Security Number (SSN), may be made to the Internal Revenue Service for tax withholding purposes, the Department of Treasury for payroll action, and to the Department of labor for workman compensation claims. This information may also be disclosed to the Department of justice for other lawful purposes including law enforcement and in the event of litigation. In addition, these records, or information there from, may also be used within DHHS for study purposes, such as projection of staffing needs, and/or creation of non-identifiable statistical data for reports to other Federal agencies and Congress.

**INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY ACCOUNT NUMBER**

Disclosure of the SSN is mandatory since it is the identifier used by the Internal Revenue Service and for the withholding of taxes from your salary. The use of the SSN is made necessary because of the large number of present and former employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN. It is used primarily to identify an employee's personnel, leave, and pay records and to relate one to the other. In this regard, it is also used by the PHS to locate records in order to respond to lawful requests for information from former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices or systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters.

**EFFECT OF NON-DISCLOSURE**

Your submission of this agreement is voluntary; however, if the agreement is submitted, omission of significant information requested would preclude continued processing of the agreement for you to receive an allowance because payroll would be unable to process the necessary actions.